

FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name U.S. Chamber of Commerce		2. FEC Identification Number C30001101
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1615 H Street N.W.		
(c) City, State and ZIP Code Washington, DC 20062		
(d) Name of Employer or Principal Place of Business		
		(e) Occupation

3. Is This Statement	<input checked="" type="checkbox"/> New or Amended	4. Covering Period	09 29 2010 through 10 06 2010
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5. (a) Date of Public Distribution(s) 10 06 2010 (b) Communication Title Higher

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)
(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
(e) Other, specify:

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name Rob Engstrom		(e) Occupation Vice President
(b) Address (number and street) 1615 H Street NW		
(c) City, State and ZIP Code Washington, DC 20062		
(d) Name of Employer or Principal Place of Business U.S. Chamber of Commerce		

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement 172,864.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A. (a) Name Rob Engstrom	
(b) Address (number and street) 1615 H Street NW	
(c) City, State and ZIP Code Washington, DC 20062	
(d) Name of Employer or Principal Place of Business U.S. Chamber of Commerce	(e) Occupation Vice President
B. (a) Name Bill Miller	
(b) Address (number and street) 1615 H Street NW	
(c) City, State and ZIP Code Washington, DC 20062	
(d) Name of Employer or Principal Place of Business U.S. Chamber of Commerce	(e) Occupation Senior Vice President
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

Disbursement(s) Made or Obligation(s)

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A. Full Name (Last, First, Middle Initial) of Payee <u>DMM Media LLC</u> Mailing Address of Payee <u>3299 K Street NW Ste 200</u> <u>Washington DC 20007</u> Name of Employer _____ Occupation _____		Date of Disbursement or Obligation <u>09 ' 29 ' 2010</u> Amount <u>172,864.00</u> Communication Date <u>10 ' 06 ' 2010</u>
Purpose of Disbursement (Including title(s) of communication(s)) <u>"Higher" TV Spot</u>		
Name of Federal Candidate <u>Stephene Moore</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>KS</u> District: <u>03</u>
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
B. Full Name (Last, First, Middle Initial) of Payee Mailing Address of Payee City _____ State _____ Zip Code _____ Name of Employer _____ Occupation _____ Purpose of Disbursement (Including title(s) of communication(s))		Date of Disbursement or Obligation _____ Amount _____ Communication Date _____
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
SUBTOTAL of Disbursements/Obligations This Page (optional) _____		172,864.00
TOTAL This Period (last page this line number only) _____ (carry total from last page to Line 10)		

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	
N/A PREPARER	N/A DATE PREPARED